

# Benefit Cost Analysis and Mitigation Project Development Training

## REGISTRATION FORM

Richmond, VA – October 5-7, 2005 (registration by September 23)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Jurisdiction/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Sign me up for the entire course: October 5,6 and 7, 2005

☐ I will **not** be able to bring my own laptop computer.

☐ Sign me up for the last day only: October 7, 2005

Lunches and snacks will be provided. Please indicate special dietary needs to be considered in ordering lunches (i.e. vegetarian). We will try our best to accommodate these needs.

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Please complete one form per person and mail or fax to:  
Laverne McNair, Virginia Department of Emergency Management  
10501 Trade Court, Richmond, VA 23236-3713  
(804) 897-6500 ext. 6535 -- FAX: (804) 897-6536